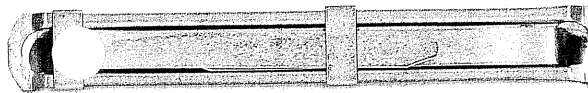


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

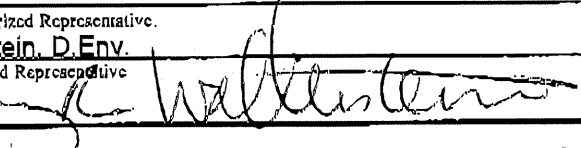


OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>9/11/03</b>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier <b>2004</b>
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED  
JAN 29 2004  
STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: <b>CITY OF WHEATLAND</b>	Organizational Unit: <b>CITY OF WHEATLAND</b>
Address (give city, county, State, and zip code): <b>P.O. Box 395 313 MAIN ST. WHEATLAND, CA 95692</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>JIM THOMPSON, CITY ADMINISTRATOR (530) 633-2761</b>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-6000452</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>C</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>           A. Increase Award      B. Decrease Award      C. Increase Duration            D. Decrease Duration      Other(specify): _____         </div> </div>	
9. NAME OF FEDERAL AGENCY: <b>U.S. DEPT. OF AGRICULTURE - RURAL DEVELOPMENT, RURAL UTILITIES SERVICE</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; font-size: 1.2em; border: 1px solid black; padding: 2px;">10-760</div>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>COMMUNITY DOMESTIC WASTEWATER SYSTEM IMPROVEMENTS FOR THE CITY OF WHEATLAND</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>CITY OF WHEATLAND, YUBA COUNTY, CA.</b>	
13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"> <div>           Start Date <b>SPRING 2004</b>            Ending Date <b>DEC. 2004</b> </div> <div>           a. Applicant <b>2ND CONGRESSIONAL DIST. OF CA.</b>            b. Project <b>(SAME)</b> </div> </div>	
15. ESTIMATED FUNDING:	
a. Federal	\$ <b>7,487,386.</b> <sup>00</sup>
b. Applicant	\$ <b>0</b> <sup>00</sup>
c. State	\$ <b>0</b> <sup>00</sup>
d. Local	\$ <b>0</b> <sup>00</sup>
e. Other	\$ <b>0</b> <sup>00</sup>
f. Program Income	\$ <b>0</b> <sup>00</sup>
g. TOTAL	\$ <b>7,487,386.</b> <sup>00</sup>
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-left: 20px;"> <input checked="" type="radio"/> </div> <b>YES</b> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>Aug. 22, 2003</b> <div style="margin-top: 10px;">           b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW         </div>	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative <b>GARY ULMAN</b>	b. Title <b>MAYOR</b>
c. Telephone Number <b>(530) 633-2761</b>	
d. Signature of Authorized Representative 	
e. Date Signed <b>9-10-03</b>	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 01/27/2004	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-03-0
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (BIN): 953099419  Organizational DUNS: 025986159		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Regional Agency</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>Carryover</u>		9. NAME OF FEDERAL AGENCY:  U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: Air Pollution Control Program Support		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2003-04 Air Pollution Control Program Support	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL DISTRICT OF: a. Applicant: b. Project	
10/01/03 09/30/04		23-48 23-48	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <u>YES</u> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>1-28-04</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,245,977		
b. Applicant	\$ 0		
c. State	\$ 0		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,245,977		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative 		e. Date Signed 1-28-04	

OMB Approval No. 0348-0043

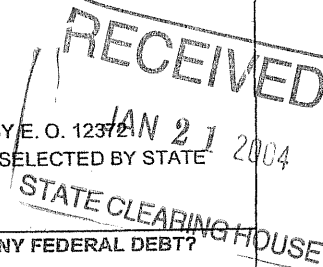
APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/26/04		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 07-06-03158-04	
5. APPLICANT INFORMATION					
Legal Name: The CSU, Chico Research Foundation			Organizational Unit:		
Address (give city, county, state, and zip code): Building 25 CSU, Chico Chico, CA 95929-0870			Name and telephone number of person to be contacted on matters involving this application (give area code) Technical: Dan Ripke (530 898-4598) Budgetary: Diane M. Johnson (530-898-6543) Contractual: John Miner (530 898-6621)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 - 0 3 8 6 5 1 8			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
			9. NAME OF FEDERAL AGENCY: U. S. Department of Commerce Economic Development Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 3 0 3 TITLE: Economic Development Technical Assistance			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Center for Economic Development assists the University's Northeastern California 12 County service region to improve their Planning capacity through faculty technical assistance and research		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Butte, Colusa, Glenn, Lassen, Modoc, Plumas Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba Counties					
13. PROPOSED PROJECT: Start Date: 3/1/04 Ending Date: 2/28/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Second b. Project: 1,2			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 110,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/26/04			
b. Applicant	\$ 36,667.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ 30,000.00				
f. Program Income	\$ .00				
g. TOTAL	\$ 176,667.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Jeff Wright		b. Title Director, Office of Sponsored Programs		c. Telephone number 530-898-5700	
d. Signature of Authorized Representative <i>Virginia Sturr for Jeff Wright</i>				e. Date Signed 1-26-04	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 13, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of California City		Organizational Unit: Public Works	
Address (give city, county, State, and zip code): 21000 Hacienda Blvd. California City, CA 93505 Kern Co.		Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Tom Weil 760-373-4867	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 2408763		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">C</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Waste Disposal 10 - 760 Loan & Grant Program		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of California City		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: water storage and delivery system installation/upgrade Phase 1 Water Master Plan for the City of California City	
13. PROPOSED PROJECT Start Date Ending Date 05/04 09/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st District b. Project 21st District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/13/04	
b. Applicant	\$ 4,000,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 5,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jack Stewart		b. Title City Manager	c. Telephone Number 760-373-7170
d. Signature of Authorized Representative <i>Jack Stewart</i>		e. Date Signed January 13, 2004	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> Jan-20-04	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>															
Legal Name: Donald G. Matthiesen	Organizational Unit:														
Address (give city, county, state, and zip code): poBox123 Mansfield WA.98830	Name and telephone number of the person to be contacted on matters involving this application (give area code) Donald G Mattiesen (509) 683-1914														
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 88#554- 53-4405656	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/> <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify): PERSONAL</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify): PERSONAL
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify): PERSONAL														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): Pay off depts	<b>9. NAME OF FEDERAL AGENCY:</b>														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE:	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> I'm a 65 yr old Farmer (Retired) I'm sold ANYTHING OF VALUE, I'm still Thousands in Debt. would like to at least leave a house to my family.														
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.):															
<b>13. PROPOSED PROJECT:</b> Start Date      Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant      b. Project														
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 25000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 27,376.40</td> </tr> <tr> <td>c. State</td> <td>\$ 25,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$ 25,000.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 25,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 127,516.40</td> </tr> </table>	a. Federal	\$ 25000.00	b. Applicant	\$ 27,376.40	c. State	\$ 25,000.00	d. Local	\$ 25,000.00	e. Other	\$ 25,000.00	f. Program Income	\$ .00	g. TOTAL	\$ 127,516.40	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$ 25000.00														
b. Applicant	\$ 27,376.40														
c. State	\$ 25,000.00														
d. Local	\$ 25,000.00														
e. Other	\$ 25,000.00														
f. Program Income	\$ .00														
g. TOTAL	\$ 127,516.40														
<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input checked="" type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> No															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>															
<b>a. Typed Name of Authorized Representative</b> Norman M Holmquist	<b>b. Title</b> friend														
<b>c. Telephone number</b> 509.683-1169															
<b>d. Signature of Authorized Representative</b> Norman M. Holmquist	<b>e. Date Signed</b> 01-20-04														

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  		Applicant Identifier  	
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  			
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  			

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>CHRIS MIRADOR</u> Address (give city, county, State, and zip code): <u>5036 DATE PI</u> <u>SAN DIEGO CA, 92102</u>		Organizational Unit: <u>RUNAI BUSINESS OPPORTUNITY GRANTS</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>619-263-1099</u>															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; float: right; margin-top: -20px;">L</div> <table style="width: 100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td><input checked="" type="radio"/> L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	<input checked="" type="radio"/> L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	<input checked="" type="radio"/> L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) _____																

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <u>AMERICAN GRANT SERVICES</u>	
---	--	---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; width: 100px; margin: 5px;">10-713</div> TITLE: <u>RUNAI BUSINESS OPPORTUNITY GRANT</u>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>SMALL BUSINESS INVOLVING AUTO IN THE INDUSTRY.</u>	
---	--	---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>WASHINGTON</u>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <u>SAN DIEGO / HIS CITY 51ST DISTRICT</u>	
---	--	---	--

<b>13. PROPOSED PROJECT</b> <u>SMALL BUSINESS</u> Start Date: <u>n/a</u> Ending Date: <u>n/a</u>		<b>15. ESTIMATED FUNDING:</b> <u>210,000</u> (NOTE: IF NOT THIS AMOUNT, ANY AMOUNT IS APPROPRIATE)	
--	--	---	--

a. Federal	\$	100,000	00	
b. Applicant	\$	5,000	00	
c. State	\$	100,000	00	
d. Local	\$	5000	00	
e. Other	\$		00	
f. Program Income	\$		00	
g. TOTAL	\$	210,000	00	

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative <u>CHRIS MIRADOR</u>	b. Title <u>APPLICANT</u>	c. Telephone Number <u>619-818-9072</u>
d. Signature of Authorized Representative 		e. Date Signed <u>1/12/04</u>

RECEIVED  
OMB Approval No. 0348-0043  
Library Identifier  
Application Identifier  
JAN 20 2004  
General Identifier  
STATE CLEARING HOUSE

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OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 16, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Applicant Identifier	
5. APPLICANT INFORMATION Legal Name: The Regents of the University of California		Organizational Unit: Institute of Marine Sciences			
Address (give city, county, state, and zip code): University of California, Santa Cruz 1156 High Street Santa Cruz, California 95064 Santa Cruz County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Technical: Don Croll (831) 459-3610 Administrative: Lynne Van Der Kamp (831) 459-1574			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 3 9 5 6 3		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ Continuation: NA160C2936		9. NAME OF FEDERAL AGENCY: NOAA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 4 7 3 TITLE: Coastal Services Center		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: From Wind to Whales: Using an Integrated Ocean Observation System to Understand California's Upwelling Ecosystem <b>RECEIVED</b> JAN 20 2004 <b>STATE CLEARING HOUSE</b>			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Cruz, Monterey and San Mateo Counties		13. PROPOSED PROJECT: Start Date: 8/1/04 Ending Date: 7/31/05			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th		15. ESTIMATED FUNDING: a. Federal \$ 2,500,000.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 2,500,000.00			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE January 20, 2004 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative William Clark		b. Title Director, Sponsored Projects		c. Telephone number (831) 459-5278	
d. Signature of Authorized Representative William F. Clark		e. Date Signed 1/16/2004			

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# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 20, 2004		Applicant Identifier CA004	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: Housing Authority of the City of Los Angeles		Organizational Unit: Public Housing Authority
Address (give city, county, State, and zip code): 2600 Wilshire Blvd, Los Angeles City, Los Angeles County, California, 90057		Name and telephone number of person to be contacted on matters involving this application (give area code): Bill Davis 213-252-1849
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001623		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Housing Authority</u>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: HOPE VI Revitalization Program 14-866		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles (City and County), California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HOPE VI Revitalization of Dana Strand Village Public Housing Development
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:
Start Date 3/30/04	Ending Date 3/30/08	a. Applicant 33
15. ESTIMATED FUNDING:		b. Project 37
a. Federal	\$ 38,568,511 <sup>00</sup>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/20/04 b. No. <input type="checkbox"/> PROGRAM (\$ NOT COVERED BY E. O. 12372) <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 550,000 <sup>00</sup>	
c. State	\$ 0 <sup>00</sup>	
d. Local	\$ 15,525,000 <sup>00</sup>	
e. Other	\$ 63,732,364 <sup>00</sup>	
f. Program Income	\$ 0 <sup>00</sup>	
g. TOTAL	\$ 118,375,875 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Donald J. Smith		b. Title Executive Director
c. Telephone Number (213) 252-1810		d. Signature of Authorized Representative 
e. Date Signed 1-16-04		

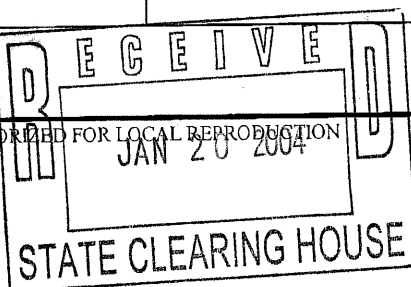
OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier DE-FG03-96SF20956
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) University of California at Davis, California		11. Descriptive Title of Applicant's Project:  Oversight of DOE's environmental restoration and waste management activities at the Laboratory for Energy-Related Health Research/UCD (LEHR) facility.	
13. Proposed Project: Start Date 1/1/96 End Date 12/31/05		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$70,687 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$70,687		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: January 20, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

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# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> December 1, 2003	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>																													
Legal Name: Center for a New Orange County Address (give city, county, State, and zip code): 2 PARK PLAZA, SUITE 100 IRVINE, CA 92614	Organizational Unit: Center for A New Orange County Name and telephone number of person to be contacted on matters involving this application (give area code) JILL DOMINGUEZ (714) 245-1522																												
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             3 1 — 1 8 1 5 8 4 8           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 48%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>NON-PROFIT</u> </div> </div>																												
<b>8. TYPE OF APPLICATION:</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> ECONOMIC DEVELOPMENT ADMINISTRATION																												
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">             TITLE: PLANNING GRANT           </div>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> INFORMATION TECHNOLOGY COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY <div style="text-align: right; border: 2px solid black; padding: 5px; width: 150px; float: right; margin-top: 10px;">           RECEIVED            JAN 16 2004            STATE CLEARING HOUSE         </div>																												
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Santa Ana, Garden Grove, Placentia, Anaheim, Stanton																													
<b>13. PROPOSED PROJECT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:70%;">a. Applicant</td> </tr> <tr> <td>1/1/04</td> <td>12/31/04</td> <td>48</td> </tr> </table>	Start Date	Ending Date	a. Applicant	1/1/04	12/31/04	48	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Project</td> </tr> <tr> <td>47</td> </tr> </table>	b. Project	47																				
Start Date	Ending Date	a. Applicant																											
1/1/04	12/31/04	48																											
b. Project																													
47																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">250,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">45,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">25,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">320,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	250,000	.00	b. Applicant	\$	45,000	.00	c. State	\$	0	.00	d. Local	\$	0	.00	e. Other	\$	25,000	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	320,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>11/20/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	250,000	.00																										
b. Applicant	\$	45,000	.00																										
c. State	\$	0	.00																										
d. Local	\$	0	.00																										
e. Other	\$	25,000	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	320,000	.00																										
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
a. Type Name of Authorized Representative Wallace Walrod	b. Title President	c. Telephone Number (949) 476-2242																											
d. Signature of Authorized Representative 	e. Date Signed 12-1-03																												